



JORDAN Z. MARKS
ASSESSOR/RECORDER/COUNTY CLERK
COUNTY OF SAN DIEGO
1600 Pacific Highway, Suite 260
San Diego, CA 92101-2400
P.O. Box 121750, San Diego, CA 92112-1750
(619) 237-0502
www.sdarcc.gov

**CORPORATE CERTIFICATE
OF REGISTRATION AS A
PROCESS SERVER**

(Business & Professions Code Sections 22350-22360)

FEE SCHEDULE

Registration Filing: \$100.00 Registration Fee
Filing Bond: \$35.00 Filing Fee
Recording Bond: \$14.00 (1st page)/ \$3.00 (additional pages)
Identification Card: \$32.00 Permanent ID Card
Temporary ID Card-No Fee
Photograph Info: \$11.00 one (1) 1" x 1" ID Photo
NO PASSPORT PHOTOS
Surety Bond Info: **\$2,000** Bond/cash in lieu of bond (2 Years)
Livescan Service info: Please submit **completed Live Scan** form
confirming fingerprint submission to DOJ &
FBI for each general partner/officer
(Only for new filings or renewals filing after
expiration)

New Filing

OR

Renewal-Previous Filing # _____

Surety Company: _____

Bond Number: _____

Expiration Date: _____

Note: **Employees are not covered under a corporation/partnership registration. Corporate officers or general partners who will be serving process must also file and post bond as "Individual"**

Type of Identification provided:

☐ Driver's License ☐ State Identification ☐ Military ID ☐ Passport

[ABOVE SPACE FOR OFFICE USE ONLY]

_____ is a
[Print name of partnership/corporation as it appears on bond]

Partnership OR Corporation incorporated in _____ [State].

No corporate officers or partners have been convicted of a felony.

Said corporation or partnership has been organized and existing continuously for a period of one year immediately preceding the filing of this certificate or an officer/partner has been previously registered under the provisions of Chapter 16, Division 8, of the Business & Professions Code.

Said corporation or partnership will perform his/her/their duties as a process server in compliance with the provisions of law governing the service of process in this state.

The name(s), age(s), address(es), e-mail address(es), and telephone number(s) of the general partner(s)/officer(s) is/are:

(All general partners/officers must sign below)

General Partners/Officers Name	Age	Mailing Address, City, State, Zip Code	E-mail Address	Telephone Number

The undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of their knowledge.

Executed at _____ by _____
City & State Date Signature & Title

Executed at _____ by _____
City & State Date Signature & Title

Executed at _____ by _____
City & State Date Signature & Title